



Department of Health

Montague Community Hospital Authority

Annual Report 2006 - 2007



Together... a healthy future
Ensemble... pour un avenir en santé

Kings County Memorial Hospital

Contents

<i>Board Members</i>	1
<i>Physicians</i>	2
<i>Chair's Report</i>	4
<i>Administrator's Report</i>	7
<i>Medical Director's Report</i>	11
<i>Organizational Charts</i>	13
<i>Long-term Service Awards</i>	14
<i>Kings County Memorial Hospital Foundation Inc.</i>	15
<i>Kings County Memorial Hospital Auxiliary</i>	17
<i>Junior Volunteers</i>	20
<i>Occupational Therapy</i>	21
<i>Physiotherapy</i>	22
<i>Nutrition Services</i>	24
<i>Acute Care</i>	26
<i>Support Services</i>	28
<i>Pharmacy</i>	29
<i>Diagnostic Services</i>	31

Board Members

Michael Gallant, Chair, *Georgetown*

Sherry Kacsmarik, Vice-chair, *Brudenell*

Niall MacKay, *Montague*

Hugh Robbins, *Montague*

Marian Trowbridge, *Bridgetown*



Montague Community Hospital Authority Board Members

Back Row: Niall MacKay, Mike Gallant, Hugh Robbins

Front Row: Marian Trowbridge, Sherry Kacsmarik

*... seven full-time
physicians practicing
from neighboring
clinics.*

*... a number of
consultant physicians
providing services ...*

Physicians

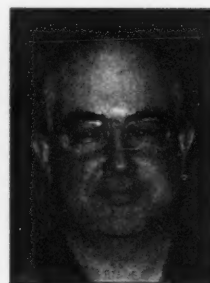
The Kings County Memorial Hospital has a physician complement of seven full-time physicians practicing from neighboring clinics. In addition, a number of consultant physicians provide services within the Kings County Memorial Hospital on a regular basis.



Dr. E. Guirguis



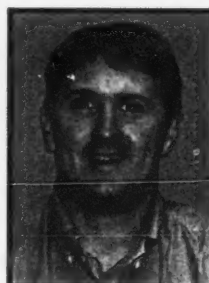
Dr. D. Hambly



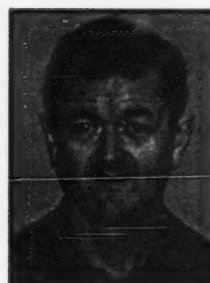
Dr. B. Holland



Dr. G. Johnston



Dr. A. MacLeod



Dr. T. Magennis



Dr. B. Wonnacott

Consulting Physicians

Dr. L. Abbott	- Medical Microbiology
Dr. D. Ashby	- General Surgery
Dr. N. Dada	- Psychiatry
Dr. D. Dryer	- Oncology
Dr. R. Jay	- Psychiatry
Dr. B. Ling	- Orthopedic Surgery
Dr. G. McLean	- Plastic Surgery
Dr. C. MacMillan	- Internal Medicine/Cardiology
Dr. T. Stultz	- Geriatrics
Dr. M. Zelman	- Pediatrics

It is of prime importance that the greater community becomes more involved in ensuring that KCMH remains strong and vibrant.

Chair's Report

Kings County Memorial Hospital plays an important function in the provision of quality health services to the population it serves. It is on the front lines in ensuring that Islanders receive the appropriate care when they need it. Our hospital, like many others, faces increasing challenges and demands as it moves forward; the retention and recruitment of key health professionals, aging infrastructure, limited resources, and the perennial question of what is the future of our community hospitals? It is of prime importance that the greater community becomes more involved in ensuring that KCMH remains strong and vibrant.

In the fall of 2006, the Hospital completed a business work plan outlining various human and structural requirements for the facility for the foreseeable future. We are awaiting feedback from Government on how to further proceed in this matter.

In 2007, KCMH will go through the accreditation process in which all aspects of the operation will be compared to nationally recognized protocols and standards. Various teams within the hospital structure have been set up in order that the accreditation surveyors receive a comprehensive overview of our facility. Much work and discussion have taken place for this visit and I applaud all those who have taken the time and interest in this important venture. I am confident that the surveyors will find KCMH and its operations serve the community well.

Engaging the community is of prime importance to the Board. As a continuing aspect of the Community Needs Assessment held in 2006, the Board plans to further foster this dialogue with various communities. We will be meeting with representatives from Georgetown in June and Murray Harbour in October. In 2008, the Board will engage other communities on the issues relating to hospital services. This feedback is important. By listening to our

*Montague Community Hospital Authority
Annual Report 2006—2007*

citizens and their ideas, KCMH can continue to appropriately address the needs and concerns of our stakeholders.

The Hospital does not live in isolation of its local surroundings, nor the pressures placed upon it from these forces. The closure of the Emergency Department in Souris has increased the number of visitations to our own ER. The use of hospital beds as long term care beds for certain patients, while most understandable as they await more appropriate settings, needs to be seriously addressed. The great challenge to recruit more nurses means that on occasion schedules have to be juggled in order that all shifts be covered. We encourage Government to ensure that on-call services fees in rural areas be further recognized and strengthened in any master agreement with the Medical Society.

Community hospitals are critical components in their areas, not only in the provision of health services, but as major economic drivers and as a good place to work. People have a powerful affinity for, and great expectations of their local hospital. There are very few people not impacted by its operations. At every opportunity we must enhance the capabilities of KCMH so that it continues to remain a vital force in the area for the people that it serves.

I should like to thank my colleagues on the Board, the many volunteers, staff and doctors for their great work, professionalism and contributions to our facility. I should like to personally thank Jean Fallis for her untiring energies as Hospital Administrator and to Susan Morrison for her great support to the Board. I should also like to thank Dr. Geraldine Johnston for her leadership as Medical Director. The efforts of all these people have made my position as Board Chair most interesting and rewarding.

We encourage Government to ensure that on-call services fees in rural areas be further recognized and strengthened in any master agreement with the Medical Society.

The many issues that confront community hospitals often seem daunting. We have a great facility and staff. With both the formal health system and the community engaging each other in meaningful dialogue and purpose, much can be achieved. To this end let us build upon our strong traditions and foundations and continue to move forward for the benefit of all Islanders.

Sincerely,



Michael Gallant
Chair



Administrator's Report

Kings County Memorial Hospital functions as a 30-bed hospital providing services which include general medicine, pediatrics, 24-hour emergency department, lab, x-ray, nutrition counseling, physiotherapy, occupational therapy and pharmacy services. We have a core group of seven physicians and ten consultants. We employ 77.2 full-time equivalent positions which represents 99 permanent employees. In addition to this, there are numerous staff who work in casual positions or work additional hours beyond their permanent position.

Community consultations held in October 2006 provided the board and administration an opportunity to dialogue with the community about health care priorities and the role of the hospital in health care for our community. The board approved a business plan and budget requirement document for the hospital for 2007-2008, in a format that is new since the creation of this board. The business plan outlines priorities, performance measures and budget targets as well as a description of staffing, cost drivers, capital and equipment needs.

Patient safety has been our number one priority. Activities to this end have included work on infection control, pandemic planning, increased time for staff working in the Central Supply Room to look after sterilization of equipment and products, increased education on hand washing and a significant increase in the number of available hand washing stations. We have been monitoring new patient admissions for MRSA and VRE, two "superbugs" which originally seemed to develop with hospital admissions but as of late have also been acquired in the community. We have been tracking the number of staff receiving flu vaccinations and held a campaign to attempt to further increase participation in this activity to reduce the incidence and severity of the flu. The following reflect staff participation in flu vaccinations.

Community consultations held in October 2006 provided the board and administration an opportunity to dialogue with the community about health care priorities and the role of the hospital in health care for our community.

As well, it has been identified that patient flow through the emergency department could be improved with some renovations to the existing space. Such options will be explored in the coming year.

Participation in Flu Vaccinations

	2004	2005	2006
Nursing staff	29.9%	39.7%	42.0%
Non-nursing staff	50%	51.9%	47.4%

Another safety initiative has been preventative maintenance for hospital equipment. An inspection of all patient lifts was carried out in July 2006 and will be repeated annually. We have the required software program to manage a data base for maintenance on all equipment. It will be a goal over the coming year to create a list of all equipment and a schedule for maintenance for this equipment. Additional staff resources are required to accomplish this goal.

Security continues to be a priority for us at KCMH. The presence of a security guard has been increased from five to seven nights per week. Recognizing the need to review our security practices a firm was contracted to complete a security audit of all hospitals and manors over the summer months. The results of this audit will help us with further planning to ensure that our work environment be as safe as possible.

The emergency department has again experienced a significant increase in activity. We had a 20% increase in visits over last year. The previous year saw a 27% increase in visits. Creating permanent positions out of our temporary positions would likely help with recruitment and retention of nursing to this busy department. During the evening shift nursing staff work without the assistance of housekeeping staff or ward clerks. An increase in ward clerk time has been identified as a way to relieve some pressure from overtaxed nursing staff. As well, it has been identified that patient flow through the emergency department could be improved with some renovations to the existing space. Such options will be explored in the coming year.

In preparation for an accreditation site visit in 2007, three continuous quality improvement teams were established to complete self assessments of compliance with standards and to create work plans for priorities to advance the quality of services. These teams included an Acute Care East team with representation from both KCMH and Souris Hospital, an Environment team and the Leadership and Partnership team. The Acute Care team established two working groups, one to work on education and the second to work on a medication reconciliation project. The education committee has begun work on establishing a list of all staff, required training, resources to provide the training and ultimately creating a calendar of when training would be provided. This work is considered a priority but it is difficult to accomplish without a sufficient resource for clinical education.

The Department of Health has been working diligently toward the creation of an electronic health record for all hospitals Island wide. Teams have been set up to work on defining new business practices, system building and testing which are almost complete. Training is in progress. Ongoing staffing resources are needed in order to move to the final stages of implementation. The "go live" date was originally projected for November 2007 but will likely be moved to 2008 in order to ensure a successful implementation.

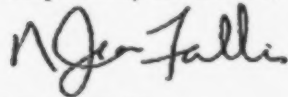
KCMH staff participated in a provincial musculoskeletal project this year. We were able to install four new ceiling lifts as a result of this project. As well, we have strengthened our Transfer, Lift and Reposition policies and procedures, increased training and tried out some new equipment that we were able to access via this project.

New legislation around Occupational Health and Safety was introduced in 2006. In keeping with that legislation we have completed policies regarding staff working alone and safe work procedures for housekeeping, dietary and maintenance staff. All of this will contribute further to staff safety in the workplace.

New legislation around Occupational Health and Safety was introduced in 2006. In keeping with that legislation we have completed policies regarding staff working alone and safe work procedures for housekeeping, dietary and maintenance staff.

In closing, it has been a busy but productive year, thanks to the efforts of the Board, hospital staff, physicians and our countless volunteers. I am confident that 2007-2008 will be just as rewarding and challenging as this past year has been.

Respectfully submitted,



N. Jean Fallis
Administrator



Medical Director's Report

Kings County Memorial Hospital has a full physician complement of seven family physicians including:

Dr. E. Guirguis, Dr. D. Hambly, Dr. B. Holland, Dr. A. MacLeod, Dr. T. Magennis, Dr. B. Wonnacott, and myself. Over the past 12 months, we have had two visiting locum physicians, Dr. C. Bruce and Dr. A. MacFarlene.

We also have a number of specialist physicians who provide speciality clinics on a regular basis in Montague including:

Dr. N. Dada (Psychiatry), Dr. D. Dryer (Oncology), Dr. R. Jay (Psychiatry), Dr. G. MacLean (Plastic Surgery), Dr. C. MacMillan (Cardiology), Dr. H. Nguyen (Geriatrics), Dr. P. Parenteau (Geriatric Psychiatry), Dr. T. Stultz (Geriatrics), and Dr. M. Zelman (Pediatrics). We saw the retirement of both Dr. D. Ashby (General Surgery) and Dr. B. Ling (Orthopedic Surgery) in the past year due to personal health issues. Both will be dearly missed here in Montague and we are forever grateful for their years of dedicated service to the people of Kings County.

In October 2006, we saw the passing of Senator Dr. L. Bonnell who was a general practitioner in Kings County for many, many years. He was a legend of a man who will be missed by many for years to come.

Our Emergency Room has certainly seen an increase in patient volume since the closure of the Souris Hospital Emergency Room in January 2006. As the result of this increase, and at the initiation of Government, the physicians in Montague met with the Provincial Medical Director, Dr. R. Wedge and his staff in February 2007. Government undertook a review of the rural hospital emergency rooms and crafted a "Rural Physician Stabilization Initiative" which became effective on March 1, 2007. The initiative behind the program was to stabilize the rural

We saw the retirement of both Dr. D. Ashby... and Dr. B. Ling... Both will be dearly missed here in Montague and we are forever grateful for their years of dedicated service to the people of Kings County.

...we are hoping to have a new clinic housing all the local physicians under one roof. The new clinic will be built at the current site of the Kings County Medical Centre.

complement of medical doctors working in rural ERs by increasing the remuneration paid for the ER coverage, bringing it closer in line to that paid at the Queen Elizabeth and Prince County Hospitals. In addition to this initiative, Government also advised our group in Montague to apply for an increase in our physician complement to eight at this time and then shortly thereafter to apply for a ninth physician. The patient/client statistics for the area we service would support having a ninth physician.

By the time we get approval for an eighth physician, we are hoping to have a new clinic housing all the local physicians under one roof. The new clinic will be built at the current site of the Kings County Medical Centre. The new clinic is expected to be built by two pharmacists interested in expanding their business ventures to Montague. There have been many delays to date on the progress of the new clinic.

In November 2005, we saw the arrival of our new Hospital Administrator, Jean Fallis. Jean has proven to be an excellent replacement to our former CEO. She has snugly fit in with all at Kings County Memorial Hospital and has made the transition an extremely smooth one.

Over the past year we have had two Advanced Cardiac Life Support (ACLS) courses offered at KCMH. It certainly is convenient to have two local ACLS instructors on site at KCMH (Dr. A. MacLeod and Lorraine Dougan, RN.)

As Medical Director I have received no complaints regarding medical services provided at Kings County Memorial Hospital in the past year. I believe this is a reflection of the excellent medical services provided to residents by our dedicated medical and health team.

Respectfully submitted,

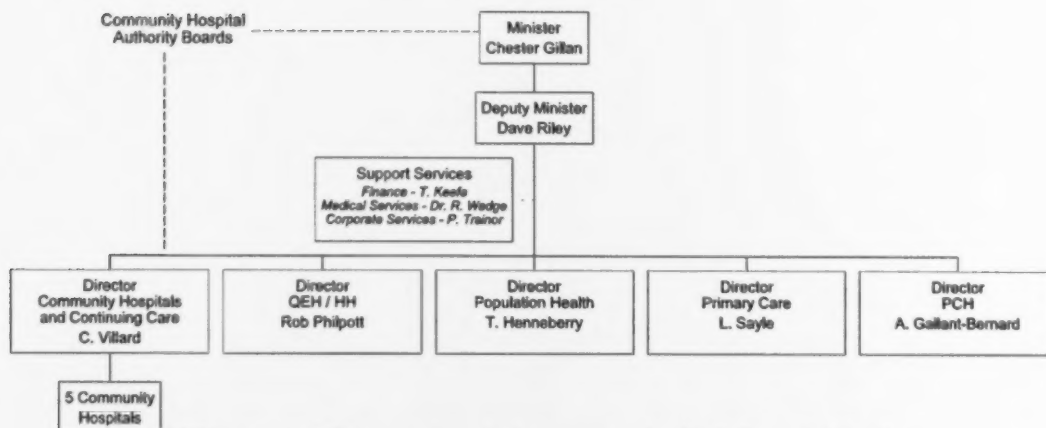
Geraldine Johnston

Dr. Geraldine Johnston
Medical Director

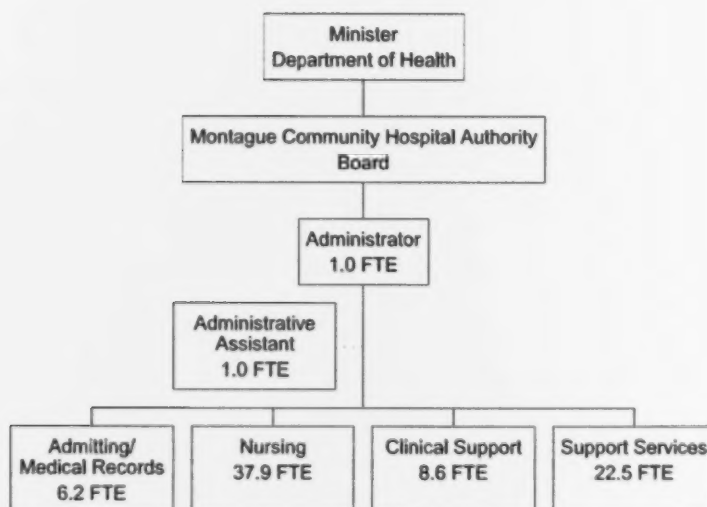


Montague Community Hospital Authority
Annual Report 2006—2007

Prince Edward Island Department of Health



Kings County Memorial Hospital Permanent Staff Complement





Long Term Service Awards

Congratulations to the following staff who reached a milestone in service during the 2005-06 fiscal year:

35+ years

Darrell Poulton – *Support Services*

25 years

Elaine MacLennan – *Nursing*

Anita Vuozzo – *Support Services*

20 years

Jean Fallis – *Administration*

Wendy Holmes – *Nursing*

Kathy Martin – *Nursing*

Kings County Memorial Hospital Foundation Inc.

The year of 2006 - 2007 has drawn to a close and I, as chairperson of the Foundation, have been privileged to work with a dedicated, knowledgeable group of members on the board. I would like to extend my gratitude for the support and co-operation I received from the following board members:

- Doris MacDonald
- Valerie Collings
- Hugh Robbins
- Vince MacLean
- Jeannie Garnhum
- Dr. David Hambly
- Sandra MacKay
- Wendy Holmes
- Jean Fallis

A special thanks goes out to Hospital Administrator, Jean Fallis who has been the guiding star of our Foundation board. I am sure that all members agree that her knowledge and expertise has been invaluable and has directed our decision making on many important issues. Thank-you very much Jean. Susan, you too deserve a great deal of credit for the smooth running of the work of the Foundation. Thank-you.

The Kings County Memorial Hospital Auxiliary is a hard-working group of ladies who continue to work faithfully, year after year, to provide much needed funds for our hospital. In 2006 - 2007 the Auxiliary very generously donated \$19,339.87 to buy equipment requested by the hospital staff. The members of the Foundation greatly appreciate your contribution and continued support, and congratulate you on your efforts.

*The Kings County
Memorial Hospital
Auxiliary is a hard-
working group of
ladies who continue
to work faithfully,
year after year, to
provide much needed
funds for our hospital.*

A heartfelt thanks goes out to our many contributors. The generosity of these people is much appreciated. It is because of these donations that we are able to replace worn-out equipment and make purchases as needed by our hospital.

Another group of volunteers that provide service to the Kings County Memorial Hospital and Riverview Manor is the Junior Volunteers. We were happy to fund your awards banquet again this year.

Our board is responsible for managing funds comprised of memorial donations and Auxiliary donations, individual donations, and business and organization donations. This year we organized a mini fund raising campaign that brought in an approximate total of \$4,650.00 from various business contributors. During 2006 - 2007 we spent \$96,796.75 to purchase equipment and supplies for our hospital. It gives us great pleasure to allocate monies to make sure that items on what is fondly referred to as "the wish list" can be purchased.

A heartfelt thanks goes out to our many contributors. The generosity of these people is much appreciated. It is because of these donations that we are able to replace worn-out equipment and make purchases as needed by our hospital.

Our thanks is extended to Edythe Docherty, our financial adviser from CIBC, and accountants from Grant Thornton for your professional advice and assistance.

In conclusion, I would like to thank the doctors and all hospital staff. Your dedicated service makes Kings County Memorial Hospital an excellent health care facility. Please count on the support of the Hospital Foundation in your future endeavors.

Anita Conohan
Foundation Chair

Kings County Memorial Hospital Auxiliary

*This past year we
have worked over
5,000 volunteer
hours to raise funds
to support the Kings
County Memorial
Hospital.*

The Kings County Memorial Hospital Auxiliary is a group of 25 who meet monthly September to June, the second Thursday of each month. This past year we have worked over 5,000 volunteer hours to raise funds to support the Kings County Memorial Hospital. Our Organization is part of a Provincial and National Organization of Health Care Auxiliaries. The President and members attend a National Convention each year and travel between Alberta and Newfoundland.

The KCMH Auxiliary runs The Nearly New Shop in Montague. Nellie Patterson and Myrna Sorrie are the coordinators of the shop. This store sells used clothing for children and adults, household articles and books. We employ one person full-time and have 11 faithful volunteers to sort and arrange the products. Five volunteers cut up material to make rags that are sold by the bag to businesses who require them. The store is open four days per week, Tuesday to Friday. This undertaking is the major fundraiser for the organization.

The Auxiliary has the Hospital Gift Shop to maintain as well. Marjorie McGee is the Coordinator. She has 24 people volunteering with her. A variety of items are sold in the Gift Shop to meet the needs of the staff, patients and visitors. The hospital pop machine is also part of the Auxiliary fund-raising.

Other projects undertaken by the Auxiliary this year under our Special Projects Coordinator, Jeannie Garnhum, were:

- The Family Affair - The Town is doing something similar now and the over lap does not provide us with enough funding for the amount of work required to do it well. We have decided this may be the last year for it.

...Junior Volunteers program. It has given many students an insight into the working of a hospital and how to work around patients.

- Our annual pancake breakfast was held in July as part of Montague Days.
- The Christmas Auction was held at the Presbyterian Church this year as we decided more room was needed. The hospital kitchen provided a lunch for the evening.
- The Second Edition of the Christmas Card Cookbook was another success.
- This year we held a Soup and Chowder Luncheon in March and the community was very supportive.

The Auxiliary purchased the following equipment for the Hospital this year:

- Cardiac Equipment
- Medication Refrigerator
- Vigorometer Hand Assessment for Grip Strength
- 2 Vacuums for Housekeeping
- Blender
- Mat for Laundry Room
- High Back Chair with Adjustable Back
- Ice Machine
- Educational and Training Aids

A request was made to the Auxiliary to purchase teaching aids for the Nurses. We bought the books and an AED (for CPR training), for a total of \$428.00.

Our annual contribution of \$5,000.00 was made to the QEH 21- Hour Equipment fund.

Helen Robbins and Thelma MacLeod continue to teach the Junior Volunteers program. It has given many students an insight into the working of a hospital and how to work around patients.

The Hospital Auxiliary \$500.00 Bursary was presented at the High School Graduation ceremony in June.

The Auxiliary also participated in the Remembrance Day ceremony by laying a wreath.

Each year the Auxiliary decorates the Christmas trays for patients in the hospital over Christmas. Flowers and fruit make up the presentation. Boxes of cookies are provided to the different departments in the hospital at this time as well.

Investors Group Financial Services Division Director John Gibson, hosted an Appreciation Tea for the Auxiliary members in June. Helen Robbins and Nellie Patterson poured. Auxiliary members also attended a Tea hosted by the Hospital and Riverview Manor. A special thank you was extended to them both.

I would like to say a special thank you to all our Auxiliary volunteers. The Auxiliary would not exist if it was not for your dedication.

Linda Patterson-Gibson
President

Each year the Auxiliary decorates the Christmas trays for patients in the hospital over Christmas. Flowers and fruit make up the presentation. Boxes of cookies are provided to the different departments in the hospital at this time as well.

*Twenty-three
volunteers, including
nine returnees, began
the program in
September 2006.*

Junior Volunteers

The thirtieth anniversary of the Junior Volunteer Program at the Kings County Memorial Hospital and the tenth anniversary of the program at the Riverview Manor was celebrated at the Dynasty Restaurant with dinner provided by the KCMH Foundation on May 29, 2007.

Twenty-three volunteers, including nine returnees, began the program in September 2006. Sixteen worked at the hospital and seven at the manor after eight hours of training provided by the following workshop presenters: Linda Boudreault; Linda Campbell; Jean Fallis; Wendy Holmes; Anne Keuper; Joan Watson; Alvina Jenkins; Connie Ings; Marjorie McGee; Nancy Reddin; Thelma MacLeod, and Helen Robbins.

One hundred hour pins were awarded to Jeanette Verleun, Matthew Havenga, Sam Palmer, and Sarah MacDonald. Fifty hour pins were awarded to Lauren Dingwell, Sam Cuddy, Amanda O'Connor, Katlyn Jenkins, and Emily Beck.

New Volunteer t-shirts were provided by the KCMH Auxiliary for the juniors.

A total of 1,167 hours were given by these dedicated young people.

*Helen Robbins and Thelma MacLeod
Co-directors, Junior Volunteer Program*

Occupational Therapy

The occupational therapist position is currently 20%. The occupational therapist assesses, treats, and provides interventions for in-patients with acute and chronic conditions as they pertain to both physical and cognitive impairments. The therapist also acts as a consultant to nursing staff. Charting, ordering equipment for trial and/or purchase, family meetings, writing reports to funding agencies are all part of the occupational therapists client-related duties. Indirect patient care such as, Transfer Lift and Repositioning (TLR) training, Integrated Systems Management (ISM) meetings, provincial occupational therapy meetings are on-going throughout the year.

In addition to providing services to in-patients, the occupational therapist also provides follow-up home care services such as home safety assessments, equipment recommendations, and cognitive assessments. The occupational therapist also works within the school setting for Southern Kings County schools when time is available.

In addition to providing services to in-patients, the occupational therapist also provides follow-up home care services such as home safety assessments, equipment recommendations, and cognitive assessments.

Occupational Therapy Statistics

Activity	2005-2006	2006-2007
Number of new In-patient referrals	24	33
Number of visits	74	58
Number of KCMH followup home referrals	6	8
Number of Pediatric New Referrals	(From 2004) 20	9
Number of Pediatric visits	9	14

Pediatric caseload: presently 11 on caseload

Pediatric wait list: 15 dating back to June 2004

Three clients made alternate arrangements to have O.T. service sooner.

The physiotherapist is a key team member on the in-patient unit with staff, an advisor for the Southern Equipment Home Care Equipment committee and is a part of the accreditation team.

Physiotherapy

In the last year, the physiotherapy department continued to meet the demands of a heavy in-patient unit requiring physiotherapy services for many of the patients. The out-patients are seen for acute, post operative and chronic conditions requiring physiotherapy. The focus of physiotherapy is consultation and treatment for mobility, pain management, strengthening, stretching, education and prevention for injury.

The physiotherapist is an instructor and facilitator for MSIP, musculoskeletal injury prevention with ongoing training of staff in the TLR (transfers, lifts and repositioning program). The physiotherapist is a member of a provincial steering committee for the provincial Musculoskeletal Injury Prevention Project. The year was a planning year in preparation for reevaluation and for training of the support staff in the coming year at KCMH. The physiotherapist is a key team member on the in-patient unit with staff, an advisor for the Southern Equipment Home Care Equipment committee and is a part of the accreditation team.

Physiotherapy Statistics

Activity	2004-2005	2005-2006	2006-2007
Referrals (<i>out-patients</i>)	295	292	302
Visits (<i>out-patients</i>)	1,541	1,444	1,407
Visits (<i>in-patients</i>)			458
New assessments completed (<i>out-patients</i>)	257	245	236
New assessments completed (<i>in-patients</i>)	160	153	118

As of March 31,2007 there was a caseload of 7 in-patients and 81 out-patients – the yearly average wait time was 5 weeks to be seen.

Home care clients are seen by the physiotherapist working in Long Term Care.

Education sessions given included a presentation to the students at the high school in Montague on Back Pack safety, Transfer Lift and Repositioning (TLR) for staff, and orientation for junior volunteers.

Services include client counseling for both in-patients and out-patients, group work, education and training, menu planning and care planning.

Nutrition Services

KCMH shares the services of a clinical dietitian who works three days per week. Services include client counseling for both in-patients and out-patients, group work, education and training, menu planning and care planning. Referrals are received from physicians, other health professionals or self-referrals.

The dietitian is concerned with diet therapy in the treatment, management, and secondary prevention of acute illness and chronic diseases/conditions and with maintaining normal nutritional requirements for clients.

Out-Patient Referrals

2004/05	2005/06	2006/07
108	123	119

In-Patient Referrals

2004/05	2005/06	2006/07
30	34	47

Presentations this year included: Heart Healthy Eating, Junior Volunteers Role, Nutrition and Addictions Rehabilitations and Wound Management for nursing staff.

This year the nutritionist, in conjunctions with dietary services, revised the hospital menu so that the standard menu is suitable for patients with cardiac disease or diabetes. The process for this change involved meeting frequently with the Department Manager and Head Cook; revising the menu and doing nutrient analysis several times to meet the necessary criteria; making presentations to the managers of all departments, dietary staff,

and nursing staff; meeting with the ward clerk to revise the Diet Order Form; sending a memo to physicians; preparing a patient education pamphlet; continuous monitoring and revising the menu as needed.

The nutritionist was involved in the accreditation process as well as meetings related to the development of the new electronic health record.

The nutritionist was involved in the accreditation process as well as meetings related to the development of the new electronic health record.

KCMH acute care continues to serve as a teaching forum for the UPEI School of Nursing with third year students completing their summer employment here.

Acute Care

KCMH has continued to operate as a 30-bed acute care facility offering nursing services in general medicine, pediatrics, and 24-hour emergency care without experiencing any bed closures due to shortage of nursing staff. Occupancy rates on the in-patient unit have declined slightly, by 1.8% while emergency room admissions over the past year have increased by 20%. Nursing complement in these areas has remained the same.

Nursing staff participated in the accreditation process this year by being part of focus groups and accreditation teams.

Preparing for the implementation of the Clinical Information System has been a challenge for nursing staff to undertake as they attend numerous teaching sessions and begin to learn how to develop and use the Electronic Health Record.

Education remains a priority for nursing staff and they continue to remain certified in Advanced Cardiac Life Support (ACLS) and CPR. As well, courses offered by enterostomy nurses regarding wound care, palliative care conferences, flu vaccine information sessions and care for the caregiver workshops are well attended. Education fund expenditures for registered nurses for 2006/2007 were \$10,500. Nursing staff also access their union educational fund for educational purposes. This past year, the KCMH Auxiliary was able to purchase ACTARS (cardiopulmonary resuscitation teaching aids) to assist staff in remaining current in CPR and ACLS.

KCMH acute care continues to serve as a teaching forum for the UPEI School of Nursing with third year students completing their summer employment here. Return in Service Graduates are also accepted for one and two year contracts. In the upcoming year, both first and fourth year nursing students will be doing their clinical placements at Kings County Memorial Hospital.

Acute Care at KCMH is fortunate to have the Junior Volunteer program each year which exposes young teenagers to health care and the many benefits of volunteering.

Kings County Memorial Hospital Statistics

Fiscal Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Number of beds	30	30	30	30	30	30
Admissions	1,001	1,002	818	916	1,001	994
Patient days	9,683	9,223	8,517	8,524	8,909	8,714
Percent occupancy	88.4%	86.4%	75.3%	77.8%	81.4%	79.6%
Average length of stay	9.7	9.2	10.3	9.4	8.9	8.7
Emergency Room Visits	14,031	12,865	13,777	14,144	18,028	21,758

Acute Care at KCMH is fortunate to have the Junior Volunteer program each year which exposes young teenagers to health care and the many benefits of volunteering.

With the increase of antibiotic resistant "superbugs" such as MRSA, VRE and C-difficile and threats of an influenza pandemic, infection control has evolved into the prime function of Environmental Services.

Support Services

Support services is provided by Dietary, Housekeeping, Laundry and Maintenance Departments. Thirty-four dedicated full time, part time and casual staff provide these very essential services.

With the increase of antibiotic resistant "superbugs" such as MRSA, VRE and C-difficile and threats of an influenza pandemic, infection control has evolved into the prime function of Environmental Services. The latest of disinfecting products and procedures, availability of alcohol-based hand sanitizers along with education on the importance of hand washing are some of the tools utilized to control the spread of these "superbugs". Participation in provincial pandemic planning and the role our facility will play is also foremost.

KCMH continues to be a leader in the fight on global warming and the emission of greenhouse gases with the use of 1212 tonnes of wood chips from local sawmill for heat and process steam.

The Laundry Department operates seven days per week and processes approximately 176,020 lbs. of laundry annually to maintain clean linen and provide infection control to support the many services provided by the facility.

The Dietary Department continues to provide tasty and nutritious meals for patients, staff and visitors. In the past 12 months 38,025 meals were served.

Pharmacy

KCMH Pharmacy provides medication and medication-related services to KCMH in-patients. The pharmacy is currently staffed by a full-time pharmacist and a part-time pharmacy technician. The pharmacist is responsible for medication distribution to in-patients as well as being a resource for physicians and nurses on medication-related matters. The pharmacist is also available to speak with in-patients regarding their medications.

The pharmacist is a member of the Drugs and Therapeutics Committee, the function of which is to make recommendations regarding drug usage within the facility. In the past year, the committee has worked on a number of endeavors including changes to the formulary (*list of medications available at the hospital*), various modifications to the IV Drug Manual and numerous policy implementations.

The pharmacist is a member of the Accreditation Team for Acute Care and is Chairperson for the Medication Reconciliation subcommittee. Medication reconciliation is a process designed to prevent medication errors at patient transition points.

The pharmacist also participates in tasks required for the introduction of the new Island-wide computer system, including testing of the system when needed.

KCMH Pharmacy was also very fortunate to benefit from an external review. A consultant pharmacist visited each hospital pharmacy on PEI and made recommendations to enhance pharmacy services. We will be investigating these recommendations in the upcoming year.

A consultant pharmacist visited each hospital pharmacy on PEI and made recommendations to enhance pharmacy services. We will be investigating these recommendations in the upcoming year.

Efforts continue to find appropriate back-up for pharmacy staff.

While our full-time pharmacist was on maternity leave for a four month period of time, we were unable to recruit a full-time replacement for her. For this period of time, we reverted to the use of ward stock for medication delivery and we were assisted by a community pharmacist to review procedures approximately one day per week. Upon the pharmacist's return we resumed the procedures that were formerly in place. Efforts continue to find appropriate back-up for pharmacy staff.

Diagnostic Services

The Diagnostic Services Department at KCMH includes; Diagnostic Imaging (X-Ray), ECG, and Laboratory. The services are provided 24-hours per day, seven days per week with staff on site more than 60 % of the time and covered on a call back basis for the remainder of the hours. This is covered with 4.4 full-time equivalent technical positions and one full-time equivalent clerical position. There are five technical staff; three full-time, one that works 80% and one that works 60%.

It has been an extremely busy, but productive year for the department. The accreditation process, CIS (Clinical Information System), and staffing shortages have led to some innovative ways to cover the department to facilitate vacation requests for staff, as well as having staff available to train as super users for the CIS, and represent the department through the accreditation process.

The manager represents the facility on the General Laboratory CIS team. This group is responsible for the development of the laboratory program, standardizing the process and protocol for all laboratory procedures and the testing of the system to ensure a positive experience on the implementation of the program. The diagnostic services staff look forward to the "go live" date and the benefit it will have on patient care to the residents of our area. The laboratory applications will "go live" on a provincial basis at the request of the general laboratory CIS team. It will continue to be a challenge for our super users to provide all of the necessary training required for staff prior to this event when we do not have the resources available to replace front line staff as a group for training purposes.

Diagnostic Imaging is continuing to grow as a provincial service, with new provincial policies being developed regularly. There are now in place a provincial Quality and Risk Coordinator for

Diagnostic Imaging is continuing to grow as a provincial service, with new provincial policies being developed regularly.

*The provincial
Technical Director for
Diagnostic Imaging
visits all sites on a
rotating basis...*

Diagnostic Imaging and Quality Control Technologists. This will lead to an improvement in communications to the rural facilities, as well as from these facilities to the QEH, and the radiologists. The provincial Technical Director for Diagnostic Imaging visits all sites on a rotating basis and there are regular provincial meetings for all diagnostic imaging managers.

We have received funding to update the ECG machine at KCMH from the hospital Foundation and we are presently working with the other acute care facilities to purchase an ECG machine on a provincial tender to ensure the most efficient purchase price and the possibility of a provincial electronic system being available for electrocardiograms. This would be instrumental in cardiac care for all residents of Prince Edward Island.

Activity	Volume 2005-2006	Volume 2006-2007
Number of Patient Visits	6,600	6,391
Number of X-rays Performed	8,039	8,017
ECGs Performed	5,560	5,435
Laboratory Patients	15,328	16,094
Laboratory Tests Performed	32,844	37,966
Laboratory Procedures Referred to QEH	256,000	240,200